CERTIFICATE OF MAILING

PATENT

UNUS #99-0334-UNI DOCKET #F3238(C)

I hereby certify that this correspondence is being deposited with the United States Postal Service in an envelope addressed to:

"Assistant Commissioner for Patents" Washington, D.C. 20231

Attorney for Applicant(s)

10/24/01

Date of Signature

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TC 1700

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

CUSTOMER NO.: 000201

APPLICANT:

Bakker et al.

SERIAL NO .: FILED:

09/577,306 May 24, 2000

FOR:

PROCESS AND APPARATUS FOR PRODUCTION OF A FROZEN FOOD PRODUCT

GROUP:

1723

EXAMINER:

D. Sorkin

EDGEWATER, NEW JERSEY 07020

October 24, 2001

SUBMISSION OF FORMAL DRAWINGS

Assistant Commissioner for Patents Washington, D.C. 20231

Sir:

With regard to the above-identified application, the Formal Drawings have now been completed and are attached hereto. Applicant respectfully requests that these drawings be entered and made part

Respectfully submitted,

Attorney for Applicant(s)

JJF/lae

(201) 840-2332

CERTIFICATE OF MAILING

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"Assistant Commissioner for Patents, Washingtop, D.C. 20231"

J. FARRE (eg./No. 26,1/62 Attorney for Applicant(s) Date of Signature

UNITED STATE EPT. OF COMMERCE **Patent and Trademark Office**

ASSISTANT COMMISSIONER FOR PATENTS Washington, D.C. 20231

UNUS # 99-0334-UNT Docket # F3238(C)

RECEIVED
TO 1700

Customer Number:

Attorney Docket Number:

Applicant: Serial No.:

Filed:

For:

000201 F3238(C)

Bakker et al. 09/577,306

May 24, 2000

PROCESS AND APPARATUS FOR PRODUCTION OF A FROZEN FOOD PRODUCT 1723

Group: Examiner:

D. Sorkin

Edgewater, New Jersey 07020

October 24, 2001

Assistant Commissioner for Patents Washington, D.C. 20231

Sir:

Transmitted herewith is an Amendment in the above-identified application.

[X] No additional fee is required.

The fee has been calculated as shown below.

CLAIMS AS AMENDED

	(2) * Claims Remaining After Amendment		(4)** Highest No. Previously Paid For	(5) Present Extra	(6) Rate	(7) Additional Fee
Total Claims	19	Minus			\$ 22.00	
Independent Claims	3	Minus			\$ 78.00	
Multiple Claims	16				\$ 250.00	

^{*}If the entry in Column (2) is less than the entry in Column (4), write "0" in Column (5).

to Deposit Acct. #12-1155. Triplicate copies of this letter are enclosed.

[X] The Commissioner is hereby authorized to charge any additional fees, which may be required to our deposit account No. 12-1155, including all required fees under

[X] 37 C.F.R. § 1.16;

[X] 37 C.F.R. § 1.17;

[X] 37 C.F.R. § 1.18.

Triplicate copies of this letter are enclosed.

JJF/lae

(201) 840-2332

Keg. #26/162

^{**}If the "Highest No. Previously Paid For" is less than "20," write "20" in this space.